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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

T.A. and S.A., minors by and through
their Guardian ad Litem JULIETTA
CHURCHER;
ALBERTO HURTADO; LINDA
LEE STEELE;
ALEXANDER ARENAS; KRISTIN
ARENAS

Plaintiffs,

v.

CITY OF DOWNEY, DOES 1-10

Defendants.

Case No.: 2:25-cv-05555-MCS (ASx)

**DECLARATION OF JULIETTA
CHURCHER AS GUARDIAN AD
LITEM FOR MINOR PLAINTIFF T.A.
(C.C.P. § 377.32)**

**C.C.P. § 377.32 DECLARATION OF JULIETTA CHURCHER FOR T.A.,
SUCCESSOR IN INTEREST TO ALBERTO ARENAS**

I, JULIETTA CHURCHER, do hereby declare as follows:

DECLARATION

EXHIBIT A

STATE OF CALIFORNIA COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH									
3052024148385					3202419032637				
STATE FILE NUMBER					LOCAL REGISTRATION NUMBER				
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)					
ALBERTO		NICHOLAS		ARENAS					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX					
01/07/1995		29		M					
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)							
06/29/2024		2044 EST							
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SPOUSE (at Time of Death)			
CA		625-86-0581		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NEVER MARRIED			
13. EDUCATION - Highest Level Completed (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)					
09		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION					
MANUFACTURER		MANUFACTURING MEDICAL SUPPLIES		1					
20. DECEDENT'S RESIDENCE (Street and number, or nearest)		21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
7118 STEWART AND GRAY RD		DOWNEY		LOS ANGELES		90241		29	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
CA		LINDA LEE STEELE, MOTHER		7118 STEWART AND GRAY RD, DOWNEY, CA 90241					
28. NAME OF SURVIVING SPOUSE/SPOUSE-1		29. MIDDLE		30. LAST (BIRTH NAME)					
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE			
ALBERTO		ARENAS		HURTADO		MEX, MX			
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE			
LINDA		LEE		STEELE		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
07/18/2024		PARK LAWN CEMETERY 6555 E GAGE AVE, COMMERCE, CA 90040		BURIAL		ARTURO Y MUNOZ		EMB9567	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy			
ALLEN - ENGLISH & ESTRADA FUNERAL SERVICE		FD743		MUNTU DAVIS MD		07/15/2024			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
ALLEY		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY					
LOS ANGELES		7118 STEWART AND GRAY RD		DOWNEY					
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?					
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?					
A) GUNSHOT WOUNDS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. DECEDENT PREGNANT IN LAST YEAR?					
		NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy			
Decedent's Attending Doctor (A) mm/dd/yyyy		Decedent's Last Seen Alive (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)			
MANNER OF DEATH: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		06/29/2024		2025			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
OTHER: ALLEY		SHOT BY OTHER(S)		7118 STEWART AND GRAY RD, DOWNEY, CA 90241					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
REGINA AUGUSTINE		07/11/2024		REGINA AUGUSTINE, DEP CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles.